

# Physician's Certification for Late Homestead Exemption Filing

• Attach this form to Nebraska Homestead Exemption Application, Form 458.

FORM  
**458L**

Applicant's Name			County
Address			Social Security Number
City	State	Zip Code	

Please check the boxes that are applicable and provide the required description:

- 1 ☐ Applicant's medical condition required inpatient care in a hospital, hospice, or residential care facility. The condition impaired the applicant's ability to file an application between February 1 and June 30, 20\_\_\_\_.

Description of disease, physical ailment, or injury:

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Name of facility: \_\_\_\_\_

- 2 ☐ Applicant's medical condition involved a period of incapacitation. This medical condition impaired the applicant's ability to file an application between February 1 and June 30, 20\_\_\_\_.

Description of medical condition: \_\_\_\_\_

I hereby certify that I have examined the above-named applicant and to the best of my knowledge and belief attest the above is true and correct.

**sign  
here** ▶

\_\_\_\_\_  
Signature of Licensed Medical Practitioner

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Licensed Medical Practitioner

\_\_\_\_\_  
Telephone Number

## Instructions

**Who May File.** Any owner/occupant of a homestead may file a late application (after June 30) for exemption if he or she also files Form 458L which documents a medical condition that impaired the ability of the owner/occupant to file the application in a timely manner after February 1 and on or before June 30.

**When and Where to File.** This form must be attached to the Nebraska Homestead Exemption Application, Form 458, and filed with the county assessor on or before May 1 (the date on which the first half of the real estate taxes levied on the property for the current year become delinquent) **after the year in which the homestead exemption application should have been filed.** For applicants residing in Douglas, Lancaster, or Sarpy County, the due date is on or before April 1 **after the year in which the homestead exemption application should have been filed.**

**Signature of Licensed Medical Practitioner.** This form must be signed by a licensed physician, physician's assistant, or advanced practice registered nurse.